## ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-04106A
Cibola Mutual Water Company, Inc.
RR2, Box 77
Cibola, AZ 85328

# ANNUAL REPORT Water

FOR YEAR ENDING

12 31 2010

FOR COMMISSION USE

ANN 04 10

5-16-11

### **COMPANY INFORMATION**

Company Name (Business Name)	Cibola Mutual Water Company,	Inc.	
Mailing Address RR2, Box 77	5948 Levee Rd.		
(Street)	AZ	85328	
<u>Cibola</u> (City)	(State)	(Zip)	
928-857-3506			
	x No. (Include Area Code)	Cell No. (Inclu	ude Area Code)
Email Address cibolamutualwater(	@html.com		
Local Office Mailing Address Same as	above (Street)		
(City)	(State)	(2	Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inclu	ude Area Code)
Email Addresscibolamutualwate	er@html.com		
MAN	AGEMENT INFORMATION	<u>ON</u>	
☐ Management Contact: _Dave Grun	dy (Name)	General (Ti	l Manager
RR2, Box 77 5948 Levee Rd.	Cibola	AZ	85328
(Street)	(City)	(State)	(Zip)

Fax No. (Include Area Code)

Fax No. (Include Area Code)

(Name)

(City)

928-857-3506

Telephone No. (Include Area Code)

On Site Manager: Same

Telephone No. (Include Area Code)

(Street)

Email Address

Email Address

Cell No. (Include Area Code)

Cell No. (Include Area Code)

(Zip)

(State)

Statutory Agent:				
V 0	(Name)		-	
(Street)	(City)	(State)	(Zip)	
Telephone No. (Include Area Code)	Fax No. (Include Area Code Cell No. (Include Area Code)			
Attorney: Ledbetter Law Fi	rm			
1003 N. Main St. (Street)	Cottonwood (City)	AZ (State)	86326 (Zip)	
928-649-8777 Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inc	clude Area Code)	
Email Address www.ledbette	er-law.com			
	OWNERSHIP INFORMATION	ON		
Check the following box that applie				
Sole Proprietor (S)	C Corporation (	C) (Other than As	sociation/Co-op)	
Partnership (P)	Subchapter S Co	orporation (Z)		
Bankruptcy (B)	Association/Co-o	p (A)		
Receivership (R)	Limited Liability	Company		
Other (Describe) Non-pro	ofitpending		***************************************	
	<b>COUNTIES SERVED</b>			
Check the box below for the county	v/ies in which you are certificated to pr	rovide service:		
	☐ COCHISE	☐ COCONI	NO	
☐ GILA	☐ GRAHAM	GREENL	ÆE	
<b>⊠</b> LA PAZ	☐ MARICOPA	☐ MOHAV	E	
☐ NAVAJO	☐ LA PAZ	☐ PINAL		
☐ SANTA CRUZ	☐ YAVAPAI ☐ YUMA			
☐ STATEWIDE				
	_		•	

## HOLM, HESTAND & VALENZUELA, CPAS, P.C. CERTIFIED PUBLIC ACCOUNTANTS 3131 NORTH COUNTRY CLUB ROAD, SUITE 109 TUCSON, ARIZONA 85716

DOUGLAS R. HOLM, CPA EMMA K. HESTAND, CPA JANETTE G. VALENZUELA, CPA TELEPHONE: (520) 326-8483 FAX: (520) 795-5191

E-MAIL: HHVCPA@EARTHLINK.NET

#### ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors Cibola Mutual Water Company, Inc. Cibola, AZ 85328

We have compiled the balance sheet of Cibola Mutual Water Company, Inc. as of December 31, 2010, and the related statement of income and expense for the year then ended, included in the accompanying prescribed form. We have also compiled the supplementary information presented in the prescribed form. We have not audited or reviewed the accompanying financial statements and supplementary information, and accordingly, do not express an opinion or provide any assurance about whether the financial statements and supplementary information are in accordance with the Arizona Corporation Commission--Utilities Division.

Management is responsible for the preparation and fair presentation of the financial statements and supplementary information in accordance with requirements prescribed by the Arizona Corporation Commission--Utilities Division and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements and supplementary information.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements and supplementary information.

These financial statements (including related disclosures) and the supplementary information are presented in accordance with the requirements of the Arizona Corporation Commission--Utilities Division, which differ from accounting principles generally accepted in the United States of America. This report is intended solely for the information and use of the Arizona Corporation Commission--Utilities Division and is not intended to be used by anyone other than this specified party.

Holm, Hesterd & Valencula < PAD P.C.

## UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization	223134		223134
302	Franchises			
303	Land and Land Rights	9045		9045
304	Structures and Improvements	395244	6588	388656
307	Wells and Springs	248000	4133	243867
311	Pumping Equipment	171000	10688	160312
320	Water Treatment Equipment	638461	10641	627820
330	Distribution Reservoirs and Standpipes	458000	5088	452912
331	Transmission and Distribution Mains	2004413	20044	1984369
333	Services	81515	1357	80158
334	Meters and Meter Installations	135485	5643	129842
335	Hydrants	260300	2603	257697
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	73000	2434	70566
340	Office Furniture and Equipment	10131	338	9793
341	Transportation Equipment	18116	1812	16304
343	Tools, Shop and Garage Equipment	5449	136	5313
344	Laboratory Equipment	390000	19500	370500
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	5121293	91005	5030288

This amount goes on the Balance Sheet Acct. No. 108

See Accountants' Compilation Report.

## **CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation  Expense (1x2)
301	Organization	223134		
302	Franchises			
303	Land and Land Rights	9045		
304	Structures and Improvements	395244	3.33%	6588
307	Wells and Springs	248000	3.33%	4133
311	Pumping Equipment	171000	12.50%	10688
320	Water Treatment Equipment	638461	3.33%	10641
330	Distribution Reservoirs and Standpipes	458000	2.22%	5088
331	Transmission and Distribution Mains	2004413	2.00%	20044
333	Services	81515	3.33%	1357
334	Meters and Meter Installations	135485	8.33%	5643
335	Hydrants	260300	2.00%	2603
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	73000	6.67%	2434
340	Office Furniture and Equipment	10131	6.67%	338
341	Transportation Equipment	18116	20.00%	1812
343	Tools, Shop and Garage Equipment	5449	5.00%	136
344	Laboratory Equipment	390000	10.00%	19500
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
, _ , _ ,	TOTALS	5121293		91005

This amount goes on the Comparative Statement of Income and Expense Acct. No. 403.

Less: Amortization of Contributions in Aid of Construction

(\_79059)

See Accountants' Compilation Report.

11946

## **BALANCE SHEET**

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		\$ 87862
131	Cash		
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		14192
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		<u> </u>
	TOTAL CURRENT AND ACCRUED ASSETS	\$ -0-	\$ 102054
	FIXED ASSETS		
101	Utility Plant in Service		\$ 5121293
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		(91005)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS		\$ 5030288
	TOTAL ASSETS	\$ -0-	\$ 5132342

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

## **BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF	E	ANCE AT
	LIABILITIES	YEAR		YEAR
	CURRENT LIABILITIES			
231	Accounts Payable		\$	110
232	Notes Payable (Current Portion)			
234	Notes/Accounts Payable to Associated Companies			
235	Customer Deposits			135485
236	Accrued Taxes			2889
237	Accrued Interest			
241	Miscellaneous Current and Accrued Liabilities			
	TOTAL CURRENT LIABILITIES		\$	138484
	LONG-TERM DEBT (Over 12 Months)			
224	Long-Term Notes and Bonds		\$	342610
<u> </u>	Bong-Term Hotes and Bonds			3.201
	DEFERRED CREDITS			
251	Unamortized Premium on Debt			
252	Advances in Aid of Construction			
255	Accumulated Deferred Investment Tax Credits			
271	Contributions in Aid of Construction			4743532
272	Less: Amortization of Contributions			(79059)
281	Accumulated Deferred Income Tax			
	TOTAL DEFERRED CREDITS		\$	4664473
	TOTAL LIABILITIES		\$	5145567
	CAPITAL ACCOUNTS			
201	Common Stock Issued		-	
211	Paid in Capital in Excess of Par Value			5705
215	Retained Earnings			(18930)
218	Proprietary Capital (Sole Props and Partnerships)			
	TOTAL CAPITAL		\$	(13225)
	TOTAL LIABILITIES AND CAPITAL		\$	5132342

## **COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURR	ENT YEAR
461	Metered Water Revenue		\$	44070
460	Unmetered Water Revenue			
474	Other Water Revenues			789
444	TOTAL REVENUES		\$	44859
	OPERATING EXPENSES			
601	Salaries and Wages		\$	12013
610	Purchased Water			
615	Purchased Power			4831
618	Chemicals			1605
620	Repairs and Maintenance			4654
621	Office Supplies and Expense			8878
630	Outside Services			8820
635	Water Testing			5050
641	Rents			500
650	Transportation Expenses			661
657	Insurance – General Liability			1575
659	Insurance - Health and Life			
666	Regulatory Commission Expense – Rate Case			
675	Miscellaneous Expense			645
403	Depreciation Expense			11946
408	Taxes Other Than Income			2540
408.11	Property Taxes			68
409	Income Tax			
	TOTAL OPERATING EXPENSES		\$	63786
	OPERATING INCOME/(LOSS)		\$	(18927)
	OTHER INCOME/(EXPENSE)			
419	Interest and Dividend Income			
421	Non-Utility Income			
426	Miscellaneous Non-Utility Expenses			
427	Interest Expense			(3)
	TOTAL OTHER INCOME/(EXPENSE)		\$	(3)
	NET INCOME/(LOSS)		\$	(18930)

## SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	7/17/09	7/17/09		
Source of Loan	USDA-RD	USDA-RD		
ACC Decision No.				
Reason for Loan	Build System	Build System		
Dollar Amount Issued	\$200,000	\$142,610	\$	\$
Amount Outstanding	\$200,000	\$142,610	\$	\$
Date of Maturity	7/17/2049	7/17/2049		
Interest Rate	4.5%	4.5%	9,	%
Current Year Interest	\$8450	\$5697	\$	\$
Current Year Principle	\$	\$ -0-	\$	\$

Meter Deposit Balance at Test Year End	\$ 135485
Meter Deposits Refunded During the Test Year	\$ -0-

COMPANY NAME Cibola Mutual Water Company, Inc.

Name of System Cibola Mutual Water Company

**ADEQ Public Water System Number: 15123** 

#### WATER COMPANY PLANT DESCRIPTION

#### **WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
					}	

<sup>\*</sup> Arizona Department of Water Resources Identification Number

#### **OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
SurfaceColorado River		

BOOSTER PUN	BOOSTER PUMPS		DRANTS
Horsepower	Quantity	Quantity Standard	Quantity Other
2-10 HP	2	64	
1-100 HP	1		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
100,000 gal	1	1550	1
168,000 gal	1		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME Cibola Mutual Water Company, Inc.

Name of System: Cibola Mutual Water Company ADEQ Public Water System Number: 15123

### WATER COMPANY PLANT DESCRIPTION (CONTINUED)

**MAINS** 

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8	C-900 CL 150 PVC	32220
10		
12	C-900 CL 150 PVC	19680

**CUSTOMER METERS** 

Size (in inches)	Quantity
5/8 X <sup>3</sup> / <sub>4</sub>	
3/4	175
1	<u>5</u>
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

2-Intake Pumps 1.5 HP	1100 HP Booster Pump	
2-Ultra Filtration Units	210 HP Booster Pumps	
Chlorinating System	1Pressure Tank 1550 gal	
100,000 Reservoir		
168,000 Reservoir		
4,000 Compensating Tank		

#### STRUCTURES:

Office Building	
Electrical Building	
Chlorination Building	
Intake Platform	

OTHER:	
Distribution Lines	
64 Fire Hydrants	
Generator	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: Cibola Mutual Water (	Company,	Inc.
-------------------------------------	----------	------

Name of System: Cibola Mutual Water Company

**ADEQ Public Water System Number: 15123** 

#### WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2010

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER	180	673170	1279000	0
OCTOBER	180	327150	890000	0
NOVEMBER	180	274810	686000	0
DECEMBER	180	278260	520000	0
	$TOTALS \rightarrow$	1553390	3375000	0

What is the level of arsenic for each well on your system? No Wells mg/l (If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? \_\_GPM for\_\_hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

(x) Yes

() No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

() Yes

(x) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

( ) Yes

(x) No

If yes, provide the GPCPD amount:\_\_\_\_\_\_\_

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: Cibola Mutual Water Company, Inc.

Name of System: Cibola Mutual Water Company ADEQ Public Water System Number: 15123

## **UTILITY SHUTOFFS / DISCONNECTS**

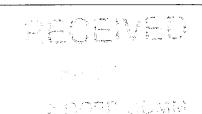
MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST	0	0	
SEPTEMBER	0	0	
OCTOBER	0	0	
NOVEMBER	0	0	-
DECEMBER	0	0	
TOTALS →	0	0	

OTHER (description):						
	<del></del>					

## **PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2010 was: \$68
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why.

# VERIFICATION AND SWORN STATEMENT Taxes



VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

	and the second second second
COUNTY OF (COUNTY NAME) LA PAZ	
NAME (OWNER OR OFFICIAL) TITLE DAVE GRUNDY, MANAG	ER
COMPANY NAME CIBOLA MUTUAL WATER COMPANY	Y, INC.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

908 857-3500

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 12Th

DAY OF MAY

COUNTY NAME RIVERSIDE

TELEPHONE NUMBER

MONTH IVLA

,2011

(SEAL) FOR NOTARIAL SEAL

MY COMMISSION EXPIRES  $\frac{\partial^2}{\partial x^2} = \frac{\partial^2}{\partial x^2} = \frac{\partial^2}$ 

IGNATURE OF NOTARY PUBLIC

See Accountants' Compilation Report.

COMPANY NAME Cibola Mutual Water Company, Inc.	YEAR ENDING
12/31/2010	

## **INCOME TAXES**

For this reporting period, provide the following:		
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	_0-	
State Taxable Income Reported Estimated or Actual State Tax Liability	_0-	
Amount of Grossed-Up Contributions/Advances:		
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances		
Decision No. 55774 states, in part, that the utility won the tax year when tax returns are completed. Purany Payer or if any gross-up tax refunds have alread name and amount of contribution/advance, the among each Payer, and the date the Utility expects to make	rsuant to this Decision, if gros dy been made, attach the follo unt of gross-up tax collected, t	ss-up tax refunds are due to wing information by Payer the amount of refund due to
CERTIFICATION		
The undersigned hereby certifies that the Utility has prior year's annual report. This certification is to be corporation; the managing general partner, if a percompany or the sole proprietor, if a sole proprietorship	e signed by the President or Cartnership; the managing me	Chief Executive Officer, if a
SIGNATURE SIGNATURE	5/12/11 DATE	
Dave Grundy PRINTED NAME	<u>Manager</u> TITLE	

## **VERIFICATION** AND

•		RN STATEMENT	,		jer.
VERIFICATION	Intras	tate Revenues Only	Ą	CC UTILITIES DI	
STATE OF ARIZONA	COUNTY OF (COLN	ITY NAME; PIMA	,		RECTOR
I, THE UNDERSIGNED	NAME (OWNER C R	OFFICIAL) TITLE BONNIE O	'CONNOR, MA	ANAGER	-
OF THE	COMPANY NAME (	CIBOLA MUTUAL WA	TER COMPAN	Y, INC.	
					]
DO SAY THAT THIS ANNUAL I	UTILITY REPO	<u>RT TO THE ARIZON</u>	A CORPORA	TION COMM	ISSION
FOR THE YEAR ENDING	MON F	31	YEAR 2010		
HAS BEEN PREPAR PAPERS AND RECOF THE SAME, AND D STATEMENT OF BU COVERED BY THIS R SET FORTH, TO THE I SWORN STATEMENT IN ACCORDANCE WI 401, ARIZONA REVIS OPERATING REVENU	CDS OF SAID ECLARE THE SINESS AND EPORT IN RE BEST OF MY B	UTILITY; THAT I E SAME TO BE AFFAIRS OF SA SPECT TO EACH A KNOWLEDGE, INFO	I HAVE CA A COMPL ID UTILIT AND EVERY ORMATION TLE 40, ART	REFULLY E ETE AND Y FOR THE MATTER AND AND BELIES	XAMINE CORRECT PERICE ND THIN F.
TIMES COME TO SERVICE	TO OUR DESTINATION OF				
UTILITY OPERATION	S DURING CA	LENDAR YEAR 201	10 WAS:		RASTAT
UTILITY OPERATIONS	S DURING C.Y	Arizona Intrastate Gross	10 WAS:		RASTAT
UTILITY OPERATION	S DURING C.Y	Arizona Intrastate Gross  4  (THE AMOUNT IN INCLUDES \$ 3	Operating Rever 7909 BOX ABOV	nues Only (\$) /E	RASTAT
**REVENUE REPORTED ON THIS PAGINCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER R THE REVENUE REPORTED ABOVE I AGREE WITH TOTAL OPERATING R ELSEWHERE REPORTED, ATTACH I STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)	E MUST  EASON,  DOES NOT  IEVENUES  IF	Arizona Intrastate Gross  \$ 4'  (THE AMOUNT IN INCLUDES \$ 3 IN SALES TAXES	Operating Rever 7909 BOX ABOV	nues Only (\$) /E	D)
**REVENUE REPORTED ON THIS PAGINCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER RETHE REVENUE REPORTED ABOVE IT AGREE WITH TOTAL OPERATING RELSEWHERE REPORTED, ATTACH TO STATEMENTS THAT RECONCILE TE	E MUST EASON, DOES NOT LEVENUES THOSE IE	Arizona Intrastate Gross  \$ 4'  (THE AMOUNT IN INCLUDES \$ 3 IN SALES TAXES  SIGNATURE OF OVER 520-623-5172	Operating Rever 7909 BOX ABOV 050 BILLED, OR	rues Only (\$)  /E  COLLECTE  Jangel Montener Notary Public Plana County, Artex	D)
**REVENUE REPORTED ON THIS PAGINCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER RETER REVENUE REPORTED ABOVE IT AGREE WITH TOTAL OPERATING RELSEWHERE REPORTED, ATTACH TOTAL THE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)	E MUST  EASON,  DOES NOT  REVENUES  THOSE  IE	Arizona Intrastate Gross  \$ 4'  (THE AMOUNT IN INCLUDES \$ 3 IN SALES TAXES  SIGNATURE OF OVER 520-623-5172	Operating Rever 7909 BOX ABOV 050 BILLED, OR	rues Only (\$)  /E  COLLECTE  Jangel Montener Notary Public Plana County, Artex	D)
**REVENUE REPORTED ON THIS PAGINCLUDE SALES TAXES BILLED OR COLLECTED, IF FOR ANY OTHER R THE REVENUE REPORTED ABOVE I AGREE WITH TOTAL OPERATING R ELSEWHERE REPORTED, ATTACH I STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)  SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC IN AND FOR THE THIS	E MUST  EASON, DOES NOT LEVENUES THOSE HE  RE ME COUNTY OF	Arizona Intrastate Gross  \$ 4'  (THE AMOUNT IN INCLUDES \$ 3 IN SALES TAXES  SIGNATURE OF OT 530-633-5173  TELEPHON	Operating Rever 7909 BOX ABOV 050 BILLED, OR	rues Only (\$)  /E  COLLECTE  Jangel Montener Notary Public Plana County, Artex	D)

## VERIFICATION AND

### SWC RN STATEMENT RESIDENTIAL REVENUE

RECEIVE

Intrastate Revenues Only

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

		ACC (man
COUNTY OF (COL	NTY NAME) PIMA	ACC UMLITIES DIRECTO
name (owner o	ROFFICIALITITLE BONNIE O'	
COMPANY NAME	CIBOLA MUTUAL WAT	ER COMPANY, INC.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH 12 D/.Y 31

YEAR 2010

HAS BEEN PREPARED UNDER MY LIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, 10 THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVID FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUE;

\$ 47384

THE AMOUNT IN BOX AT LEFT INCLUDES \$ 3017

IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

J Angel Montenegre
Notary Public
Pima County, Arizone
My Comm. Expires 01-01-2018

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

22

DAY OF

COUNTY NAME A

NOTARY PUBLIC NAME

.20 11

MONTENETTRO

(SEAL)

MY COMMISSION EXPIRES

See Accountants' Reports

1/1/15

SIGNATURE OF NOTARY PUBLIC

26

State of California	Į.
County of RIVERSIDE	
On $M_{AY}$ $R_{AB}$ $R_{AB}$ before me, $R$	UNDA M DAULDSON NOTARY PUBLIC
On $MAy$ 12, 2011 before me, $R$ personally appeared $R$	GRUNDY
	Name(s) of Signer(s)
RONDA M. DAVIDSON COMM. #1764983 COMM. #1764983 COMM. #1764983 COMM. EXPIRES AUG. 31, 2011	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	WITNESS my hand and official seal.
Place Notary Seal Above	Signature: Signature of Notary Public
Though the information below is not required be and could prevent fraudulent removes the control of Attached Document	by law, it may prove valuable to persons relying on the document val and reattachment of this form to another document.  Panagement Division
Document Date: 5/12/11	Number of Pages: 19
Signer(s) Other Than Named Above:	
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s)	
	Signer's Name:
Capacity(ies) Claimed by Signer(s)	-
Capacity(ies) Claimed by Signer(s)  Signer's Name:	Corporate Officer — Title(s):
Capacity(ies) Claimed by Signer(s)  Signer's Name:  Corporate Officer — Title(s):	I Corporate Officer — Title(s):
Capacity(ies) Claimed by Signer(s)  Signer's Name:  Corporate Officer — Title(s):  I Individual RIGHT THUM OF SIGN	I Corporate Officer — Title(s):
Capacity(ies) Claimed by Signer(s)  Signer's Name:	L   Corporate Officer — Title(s):
Capacity(ies) Claimed by Signer(s)  Signer's Name:	Corporate Officer — Title(s):     Individual     RIGHT THUMBPRINT OF SIGNER   OF SIGNER   Top of thumb here   Attorney in Fact   Attorney in Fact
Capacity(ies) Claimed by Signer(s)  Signer's Name:	L   Corporate Officer — Title(s):
Capacity(ies) Claimed by Signer(s)  Signer's Name:	Corporate Officer — Title(s):     Individual     RIGHT THUMBPRINT OF SIGNER     Partner — [] Limited [] General   Top of thumb here     Trustee     Guardian or Conservator